24. Enter the Total Tax from line 16 on the front of this form	
25. Enter the Total Credits from line 23 on the front of this form	,,
26. If line 25 is more than line 24, subtract line 24 from line 25 (if smaller, skip to line 33)	26
Amount of line 26 to be donated to the Indiana Nongame and Endangered	0.7
Wildlife Fund	
28. Subtract line 27 from line 26	
29. Amount to be applied to your 2001 estimated tax account (see instructions)	
30. Penalty for Underpayment of Estimated Tax for 2000. Attach Sch. IT-2210 or IT-2210A	
31. Refund: Line 28 minus lines 29 and 30 (if less than zero, see instructions) Your Refu	ind 31
32a.Routing Number See Instruc	ii you want to
b.Account Number on page 3	DIRECT DEPOSIT
c.Type of Account Checking Savings	your refund, you must complete lines 32a, b & c
	on the left.
33. If line 24 is more than line 25, subtract line 25 from line 24 Add this to any amou	
from lines 29 and 30, and enter total here (see instructions on page 35) S ивто	
34. Penalty (if filed after the due date, see instructions on page 35)	
35. Interest (if filed after the due date, see instructions on page 35)	
36. Amount Due: Add lines 33, 34 and 35Amount You C	
▶ No payment is due if you owe less than \$1.00. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue. Credit Card payers must see page 35 for details. ZW Note: Check box ☐ if paying by credit card.	
Taxpayer Information (see page 35) Spouse's Information	
T• Were you a full-year resident of another state?	
If so, enter the 2 letter name for that state.	
U● Were you a part-year resident of another state? FF● Were you a part-year resident of another state?	
If so, enter the 2 letter name for that state.	
Enter the time period you lived in Indiana during 2000. Enter the time period you lived in Indiana during 2000. GG GG GG GG GG GG GG GG G	
	2000 To: _m m d d 2000 HH
	u lived in the other state.
Y From: d d 2000 To: m d d 2000 Z From: m m d d 2	2000 To: m m d d 2000 JJ
Additional KK Taxpayer - Check box if you filed federal Schedule C or C-EZ for 2000. If any individual listed at the top of the IT-40PNR	
Information LL Spouse - Check box if you filed federal Schedule C or C-EZ for 2000. ☐ died during 2000, enter date of death below. Taxpayer's PP	
da da	ate of death d d 2000
	pouse's date death QQ m m d d 2000
NN • Enter the number of motor vehicles you and your spouse own or lease.	death QQ m m d d 2000
○○ • Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes ☐ No ☐ If No, attach an explanation. Authorization	
Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge	e and belief, it is true, complete and correct.
I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution	
with my routing number, account number, account type, and social security number to insure my refur	
RR I authorize the Department to discuss my return with my tax preparer. Yes 🔲 No 🔲	Your Daytime Telephone Number
Your Signature Date	SS
	Spouse's Daytime Telephone Number
	TT
Spouse's Signature Date E-mail addr	ess where we can reach you
ZV	
Paid Preparer's name UU □ Federal I.D. Number, □ PTIN OR □ Social Security Number	
WW VV	
Address	
Preparer's Daytime Telephone Number XX	
City ZY ZY	
YY Preparer's Sig	nature Date
State Zip Code + 4	
ZZ ZX	